



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

October 12, 2015.

Linda Rummel
920 Polk Street
Dexter, IA 50070

Dear Child Care Provider,

This letter is in regards to the October 2, 2015 compliance check of your Level B, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

FINDINGS: *Identify FINDINGS in each area of non-compliance.*

- ☐ 441 IAC 110.5(1)"k" Fire and tornado drills shall be practiced monthly and the provider shall keep documentation evidencing compliance with monthly practice on file

Please be sure to practice and track monthly emergency drill practices. Its important to remain consistent so the children will be able to automatically respond in the event of a true emergency. You can use the form on page 7 of the packet provided at the time of the spot check to assist you. I recommend putting this document up on a cabinet, refrigerator, or other visible location so it is easily remembered.

- ☐ 441 IAC 110.5(2)"b" (1) Certificates or training verification and record check documentation.

During the second year of registration and each succeeding year, twelve hours of approved training. At least six hours shall be in a group setting.

You currently have documented 18 hours of completed training. You report you are scheduled for two additional trainings and still need to schedule something else. If you need assistance locating a class please contact Child Care Resource and Referral (CCRR) at 1-800-722-7619. There are also some online opportunities listed on page 21 that you may be able to take advantage of. Please note that many of the online courses require a fee.

- ☐ 441 IAC 110.5(8) Children's Files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:

It may be helpful to separate out files so siblings have individual files, it makes organization easier.

☐ 441 IAC 110.5(8) "a". Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.

Needed for child R.M. You can use any form you have created or there is a form on pages 1-2 of the packet that can assist in this requirement.

☐ 441 IAC 110.5(8) "e". A statement of health condition signed by a physician or designee submitted annually from the date of the admission physical. For a child who is five years of age or older and enrolled in school, a statement of health status signed by the parent or legal guardian may be substituted for the physician statement.

Needed for child R.K. You can use page 4 of the packet to assist you and the parent or you can request the parent provide documentation from the physicians office, whichever is easier.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations.**

☐ Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur on/or after ____

x ☐ Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. **Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.**

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please sign and date below, and return this form in the provided envelope by: November 30, 2015.

X _____
Signature Date

Please do not hesitate to contact me at DHS at 515-993-1742 if you have any questions regarding this letter.

Sincerely,

Melissa Crawford
Social Worker II

C. Mark Chappelle
Social Work Supervisor

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 515-246-3560 or 1-800722-7619.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at <https://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).